

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

House Liberty Project

ADDRESS (number and street)

2124 Florida Ave. NW

Check if different
than previously
reported. (ACC)

Washington

DC

20008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00620369

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2016

09

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Adams, William, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Adams, William, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

10

10

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

House Liberty Project

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y Y 2016</div>		<div>0.00</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>44970.00</div>	
(c) Total Receipts (from Line 19)	<div>222505.00</div>	<div>267605.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>267475.00</div>	<div>267605.00</div>
7. Total Disbursements (from Line 31).....	<div>223071.26</div>	<div>223201.26</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>44403.74</div>	<div>44403.74</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

House Liberty Project

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07		01		2016

To:

M M	/	D D	/	Y Y Y Y
09		30		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

222500.00

267500.00

(ii) Unitemized

5.00

105.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

222505.00

267605.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

222505.00

267605.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

222505.00

267605.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

222505.00

267605.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	20276.61	20306.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20276.61	20306.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	202794.65	202794.65
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	100.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	223071.26	223201.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223071.26	223201.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	222505.00	267605.00
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	222505.00	267505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20276.61	20306.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20276.61	20306.61

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Childs, John, , ,

Mailing Address 165 Sage Palm Rd.

City
Vero Beach

State
FL

Zip Code
32963

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
J.W. Childs Associates

Occupation (for Individual)
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coffey, Gary, , ,

Mailing Address 4206 W May St.

City
Wichita

State
KS

Zip Code
67209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KMG Tool

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DeVos, Rick, , ,

Mailing Address 126 Ottawa Ave NW
Ste 500

City
Grand Rapids

State
MI

Zip Code
49503

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Windquest Group

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jost, Paul, , ,

Mailing Address 1500 Ocean Dr
Unit 1105

City
Miami Beach

State
FL

Zip Code
33139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chandler Management Corp.

Occupation (for Individual)
Real Estate Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kennedy, John, , ,

Mailing Address 4150 E. Paris Ave. SE

City

Grand Rapids

State

MI

Zip Code

49512-3995

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Autocam Corp.

Occupation (for Individual)
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 21 / 2016

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Michigan Industrial Tools

Mailing Address 3707 Roger B Chaffee SE

City

Grand Rapids

State

MI

Zip Code

49548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2016

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Osterhaven, James, , ,

Mailing Address 7340 Clearview Dr. SE

City
Caledonia

State
MI

Zip Code
49316

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Superior Foods

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2016

Transaction ID : SA11AI.4187

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rich, Howard, , ,

Mailing Address 1420 Walnut St.
#1011

City
Philadelphia

State
PA

Zip Code
19102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employed

Occupation (for Individual)
Real estate investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2016

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rufer, Chris, , ,

Mailing Address 724 Main St.

City
Woodland

State
CA

Zip Code
95695

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The Morning Star Company

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2016

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

20000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

32500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Uihlein, Richard, , ,

Mailing Address 1396 N. Waukegan Rd.

City
Lake Forest

State
IL

Zip Code
60045

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Uline

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2016

Transaction ID : SA11AI.4151

Amount of Each Receipt this Period

105000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105000.00

222500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name (Last, First, Middle Initial)

A. Campaign Resource Group

Mailing Address P.O. Box 230197

City
Grand RapidsState
MIZip Code
49523Purpose of Disbursement
Administrative consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4174

Amount of Each Disbursement this Period

411.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Campaign Resource Group

Mailing Address P.O. Box 230197

City
Grand RapidsState
MIZip Code
49523Purpose of Disbursement
Administrative consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	8		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jamestown Associates

Mailing Address 116 Craig Rd.

City
ManalapanState
NJZip Code
07726Purpose of Disbursement
Reimbursement for legal services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	9		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4200

Amount of Each Disbursement this Period

1050.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6461.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

House Liberty Project

Full Name (Last, First, Middle Initial)

A. Media 3 Design

Mailing Address 2564 Nicholas Dr.

City
DorrState
MIZip Code
49323Purpose of Disbursement
Graphic design

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4171

Amount of Each Disbursement this Period

935.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Red Door Strategies

Mailing Address 2124 Florida Ave. NW

City
WashingtonState
DCZip Code
20008Purpose of Disbursement
Administrative consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4192

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wenzel Strategies

Mailing Address P.O. Box 207

City
DublinState
OHZip Code
43017Purpose of Disbursement
Polling

005

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4169

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

13435.00

19896.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Liberty Project				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620369 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Jamestown Associates				Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 116 Craig Rd.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32809.00</div>	
City Manalapan		State NJ		Zip Code 07726	
Purpose of Expenditure TV advertising buy				Category/Type 004	
Name of Federal Candidate: Marshall, Roger, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 32809.00				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Jamestown Associates				Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 19 / 2016	
Mailing Address 116 Craig Rd.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4911.59</div>	
City Manalapan		State NJ		Zip Code 07726	
Purpose of Expenditure Production of TV ad				Category/Type 004	
Name of Federal Candidate: Marshall, Roger, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 37720.59				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;">37720.59</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, William, , , Signature				Date MM / DD / YYYY 10 / 10 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Liberty Project				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620369 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Jamestown Associates				Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2016	
Mailing Address 116 Craig Rd.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75130.00</div>	
City Manalapan		State NJ		Zip Code 07726	
Purpose of Expenditure TV advertising buy				Category/Type 004	
Name of Federal Candidate: Marshall, Roger, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">112850.59</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Jamestown Associates				Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 21 / 2016	
Mailing Address 116 Craig Rd.				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">560.00</div>	
City Manalapan		State NJ		Zip Code 07726	
Purpose of Expenditure Delivery of TV advertising to stations				Category/Type 004	
Name of Federal Candidate: Marshall, Roger, , ,				Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">113410.59</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div> <div style="display: flex; justify-content: space-between;"> (a) SUBTOTAL of Itemized Independent Expenditures ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 250px; text-align: right;">75690.00</div> </div>					
<div> <div style="display: flex; justify-content: space-between;"> (a) SUBTOTAL of Unitemized Independent Expenditures ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 250px; text-align: right;"> </div> </div>					
<div> <div style="display: flex; justify-content: space-between;"> (a) TOTAL Independent Expenditures ▶ </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 250px; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, William, , , _____ Signature				<div style="text-align: center;"> [Electronically Filed] </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 10 / 10 / 2016 </div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Liberty Project				FEC IDENTIFICATION NUMBER ▼ C C00620369	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jamestown Associates			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2016		
Mailing Address 116 Craig Rd.			Amount 50104.00		
City Manalapan	State NJ	Zip Code 07726	Transaction ID : SE.4132		
Purpose of Expenditure TV advertising buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016		
Name of Federal Candidate: Marshall, Roger, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Red Door Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 26 / 2016		
Mailing Address 2124 Florida Ave. NW			Amount 19640.03		
City Washington	State DC	Zip Code 20008	Transaction ID : SE.4135		
Purpose of Expenditure Direct mail design, production, and shipping		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2016		
Name of Federal Candidate: Marshall, Roger, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			69744.03		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, William, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 10 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) House Liberty Project			FEC IDENTIFICATION NUMBER ▼ C C00620369	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee Red Door Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 07 / 27 / 2016	
Mailing Address 2124 Florida Ave. NW			Amount 19640.03	
City Washington	State DC	Zip Code 20008	Transaction ID : SE.4136 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 07 / 25 / 2016	
Purpose of Expenditure Direct mail design, production, and shipping		Category/ Type 004		
Name of Federal Candidate: Marshall, Roger, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		202794.65	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y	
Purpose of Expenditure		Category/ Type 		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			19640.03	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			202794.65	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Adams, William, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y 10 / 10 / 2016